

2042

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STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
County Pima State ARIZONA State File No. \_\_\_\_\_  
Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. \_\_\_\_\_  
City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 17 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
2. FULL NAME Jacob Aaron Nichols How long in State when death occurred? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(a) Residence: No. Garland St. Lower Miami Ward \_\_\_\_\_ (If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>Oct 11, 1939</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>Oct-10, 1939, to Oct 11, 1939</u> I last saw him alive on <u>Oct 11, 1939</u> ; death is said to have occurred on the date stated above, at <u>5 P. m.</u> The principal cause of death and related causes of importance were as follows: <u>metastatic melanoma carcinoma of brain with edema of lungs &amp; respiratory paralysis</u> Date of Onset <u>1939</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Jennie Nichols</u>	6. DATE OF BIRTH (month, day, and year) <u>April 27, 1895</u>	7. AGE Years <u>46</u> Months <u>5</u> Days <u>14</u> If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Boiler Maker</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Smelter</u>		10. Date deceased last worked at this occupation (month and year) <u>May 1939</u>
12. BIRTHPLACE (city or town) (State or Country) <u>Shawnee Oklahoma</u>				13. NAME <u>William Riley Nichols</u>		
14. BIRTHPLACE (city or town) (State or Country) <u>Kentucky</u>				15. MAIDEN NAME <u>Mary E Boykin</u>		
16. BIRTHPLACE (city or town) (State or Country) <u>Kentucky</u>				17. INFORMANT <u>Jennie Nichols (wife)</u> (Address) <u>Miami, Arizona</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Rural Cemetery</u> Date <u>Oct 15, 1939</u>				19. EMBALMER License No. <u>248-d</u> Signature <u>John C. Salsch</u> FUNERAL DIRECTOR <u>Rita E. Miles</u> Address <u>Miami, Arizona</u>		
20. Filed <u>Nov 12, 1939</u> <u>Nelson D. Branton</u> <u>Regist.</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury _____ Nature of injury _____		
				24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>Loquon Gross</u> , M. D. (Address) <u>Miami, Ariz.</u>		

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.